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## \*BIBDATASHEET\*

CONFIRMATION NO. 2487

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/647,991	<b>FILING OR 371(c) DATE</b> 08/26/2003 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3771	<b>ATTORNEY DOCKET NO.</b> 7432-0046
<b>APPLICANTS</b> John Moenning, Noblesville, IN; Dennis Irlbeck, Noblesville, IN;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/405,960 08/26/2002				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 11/18/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWING</b> 18	<b>TOTAL CLAIMS</b> 33
<b>INDEPENDENT CLAIMS</b> 5				
<b>ADDRESS</b> 31425				
<b>TITLE</b> ANESTHESIA ADMINISTRATION MASK AND EYE SHIELD				
<b>FILING FEE RECEIVED</b> 1241	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	